

IN THE CIRCUIT COURT OF _____ Fayette _____ COUNTY, WEST VIRGINIA

Case No. _____ - MH - _____

IN RE: Involuntary Hospitalization of:

Criminal Case No. _____

(if applicable)

Keith William Lowe

RESPONDENT

CHIEF MEDICAL OFFICER'S APPLICATION FOR FINAL COMMITMENT

W.Va. Code: §§27-5-3(g); 27-5-4(b),(c), and (l)(1); 27-4-1(d); 27-4-3(c); §27-6A-3; and §27-6A-4 et seq.

INSTRUCTIONS: Please type or print clearly all requested information and check any and all spaces which may be applicable. The application may be *denied* if essential information is omitted or unreadable. A Form INV10/Form 904 evaluation certificate must be submitted with this application and must be attached.

I/We, _____ Paramjit Chumber _____, M.D., Chief Medical Officer of William R. Sharpe Jr. Hospital, Weston, WY _____, mental health facility, and Dr. Kristin Canterbury (PSIMED Correction) _____, an adult person having personal knowledge of the facts of the case, if different from the Chief Medical Officer identified above, hereby make application to the Circuit Court of the above named county for an order of final commitment of the above named Respondent and request that final commitment proceedings be held pursuant to the provisions of *West Virginia Code: § 27-5-4, et seq.*, and that the basis for this application is as follows:

[Initial the appropriate provision and complete]

- Mount Olive Correctional Facility's Mental Health Unit
1. PC The Respondent was admitted to this facility on (insert date of admission to facility) 5/30/2025 for further evaluation and treatment in accordance with *West Virginia Code: § 27-5-2* and 3 pursuant to an Order for Probable Cause Involuntary Hospitalization of the Circuit Court of _____ Fayette _____ County, West Virginia, being the county where said Respondent [check the following based upon the findings contained in the probable cause order] ☒ resides and/or _____ was found. - OR -
 2. _____ This application is being made in accordance with *West Virginia Code: § 27-4-3(c)* within 96 hours of a request for release by Respondent, a voluntary patient at the above identified mental health facility who was admitted to this facility on [insert date of admission to facility] _____.
-OR-
 3. _____ This application is being made in accordance with *West Virginia Code: § 27-4-1(d)* for a minor, age fourteen years or older, who has either objected to further voluntary treatment or for whom the parent or guardian who requested the minor's admission revoked his or her consent for voluntary treatment at the above identified mental health facility. The minor was admitted to this facility on [insert date of admission to facility] _____.
- OR -
 4. _____ The Respondent was admitted to this facility on [insert date of admission to facility] _____ in accordance with *W.Va. Code: §27-6A-1 et seq.* pursuant to an Order of the Circuit Court of _____ County, West Virginia and [check the following based upon the findings contained in the Order] _____ committed for competency restoration in accordance with *W.Va. Code §27-6A-3* or _____ committed pursuant to an Order that found said Respo by reason of mental illness in accordance with *W.Va. Code §27-6A-4*.

**PLAINTIFF'S
EXHIBIT**

CASE
NO. 2:25-cv-272

EXHIBIT
NO. 6

NOTICE:

If involuntarily committed, the patient against whom you are filing this application will be:

1. prohibited from possessing and receiving firearms, ammunition, and explosives, in some cases for his or her entire life,
2. required to immediately surrender ANY firearms owned or in his or her possession,
3. if committed for treatment of mental illness, reported to both federal and state database registries used for firearm purchases and permits/licenses to carry concealed weapons, as well as used by federal agencies for explosives prohibition, background checks, and other uses permitted by federal law or regulation, and
4. subject to future criminal charges for possession or receipt of firearms or ammunition. Conviction in West Virginia can result in a fine up to \$1,000.00 or jail time of up to one year. Federal conviction is a FELONY and can result in fines and jail time up to TEN years. (See, W.Va. Code § 61-7-7 and 18 U.S.C.A. § 924(a)(2))

Persons seeking voluntary admission for treatment, who have NOT been involuntarily committed, are NOT subject to these prohibitions and requirements.

[Initial] **THE NAMED RESPONDENT HAS BEEN OFFERED VOLUNTARY TREATMENT, BUT HAS EITHER REFUSED VOLUNTARY HOSPITALIZATION AND/OR TREATMENT, OR IS IN A MENTAL OR MEDICAL CONDITION PRECLUDING HIS OR HER ABILITY TO CONSENT TO VOLUNTARY HOSPITALIZATION AND/OR TREATMENT, OR, IF A MINOR, IS AGE FOURTEEN YEARS OF AGE OR OLDER AND HAS OBJECTED TO FURTHER VOLUNTARY TREATMENT OR FOR WHOM THE PARENT OR GUARDIAN HAS REVOKED CONSENT FOR FURTHER VOLUNTARY TREATMENT.**

5. Upon information and belief, the Respondent does not suffer ONLY from epilepsy, dementia, or an intellectual or developmental disability.

6. Based upon physician's examination as the same appears in the attached certificate *[attach Form INV 10 certificate]*, the undersigned believes that the Respondent is: *[Initial applicable diagnosis]*

likely to cause serious harm to self or others due to what the applicant believes are symptoms of ADDICTION, and/or

PC likely to cause serious harm to self or others due to what the applicant believes are symptoms of MENTAL ILLNESS, and

if having been committed in accordance with W.Va. Code § 27-6A-1 et seq., there is no less restrictive placement that is appropriate and available that assures that the Respondent remains safe to self or others.

The grounds and recent overt acts of the Respondent upon which such belief is based are as follows: *State, in detail, the factual basis for such belief and a detailed listing of any and all recent overt acts upon which the belief is based and, if committed in accordance with W.Va. Code § 27-6A-1 et seq., facts that establish that the Respondent is a foreseeable danger to self or others outside the hospital setting; add additional pages if necessary.*

I (Paramjit Chumber) did not perform the evaluation nor observe the Respondent. Dr. Canterbury's evaluation is attached as she is the Staff Psychiatrist at the Mount Olive Mental Health Unit. Based on her evaluation:

1. Mr. Lowe has ongoing intermittent suicidal ideations since he attempted suicide in April 2025.
2. He has endorsed panic attacks, anxiety, depressed mood, hopelessness, impulsivity and stress related to long-term segregation in prison.
3. He has emotional dysregulation and maladaptive coping skills.

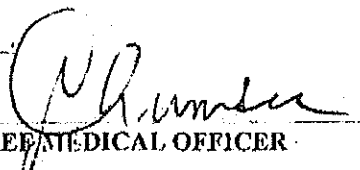
PageID #: 3205

The treatment recommended for the Respondent is not available in a setting less restrictive than a hospital with 24 hour-per-day supervision for the following reasons:


1. Mr. Lowe was transferred from MOCC segregation to Mount Olive Mental Health Unit. He may benefit from independent evaluation for additional treatment needs.
2. I have attached Dr. Canterbury's Psychiatric Treatment Plan done after Mr. Lowe was transferred to Mental Health Unit. Please see the section 25 for more details.

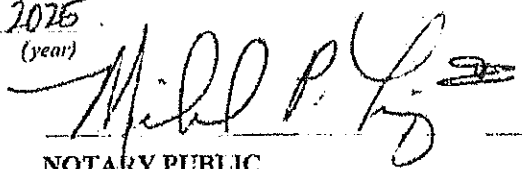
I/We, the applicant(s) whose signature(s) appears below, each under penalties of false swearing as provided by law, do hereby certify that the facts and allegations contained in this application are true to the best of our individual knowledge, information and belief, and insofar as they are stated to be upon information, I/We believe them to be true.

Given under my hand this 13th day of June 2025
 (day) (month) (year)


 CHIEF MEDICAL OFFICER

The foregoing application was taken, subscribed and sworn to (or affirmed) before me, the undersigned notary public, this 13th day of June 2025
 (day) (month) (year)




 NOTARY PUBLIC

AND, IF APPLICABLE: [Initial here _____ if NOT APPLICABLE and Chief Medical Officer has personal knowledge of facts of the case.]

Given under my hand this _____ day of _____
 (day) (month) (year)

ADULT PERSON WITH PERSONAL KNOWLEDGE OF THE FACTS OF THE CASE, IF DIFFERENT FROM CHIEF MEDICAL OFFICE ABOVE

[Additional Adult only necessary if Chief Medical Officer does NOT have personal knowledge of the facts of the case.]

The foregoing application was taken, subscribed and sworn to (or affirmed) before me, the undersigned notary public, this _____ day of _____
 (day) (month) (year)

[Affix notarial seal here.]

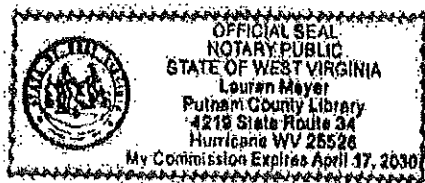
NOTARY PUBLIC

Kristen Cantelero
**ADULT PERSON WITH PERSONAL KNOWLEDGE OF THE FACTS OF THE CASE IF DIFFERENT
FROM CHIEF MEDICAL OFFICE ABOVE**
[Additional Adult only necessary if Chief Medical Officer does NOT have personal knowledge of the facts of the case.]

The foregoing application was taken, subscribed and sworn to (or affirmed) before me, the undersigned notary
public, this 6 day of June, 2025.
(day) (month) (year)

[Affix notarial seal here.]

Lauren Meyer
NOTARY PUBLIC



IN THE CIRCUIT COURT OF _____

IN RE: The Involuntary Hospitalization,
Treatment Compliance, or Temporary
Probable Cause of:

Case No.: _____ -MH(TCO/TPC) -

Criminal Case No.: _____
(if applicable)

Keith William Lowe

RESPONDENT (NAME OF PATIENT)

CERTIFICATE OF LICENSED EXAMINER

West Virginia Code §§ 27-5-2, 3, & 4, § 27-5-11 and § 27-6A-1 (et seq.)

Instruction: All pages of this certificate must be fully completed.

I, Kristin Canterbury, MD [Print name of Licensed Physician, Licensed Psychologist, Court
authorized Licensed Independent Clinical Social Worker, or Court authorized Licensed Advanced Nurse Practitioner with
Psychiatric Certification or Physician Assistant or Licensed Professional Counselor], do hereby certify and state as
follows:

I have personally observed and examined Keith William Lowe [full name
of Respondent] whose identifying information is believed to be,

DATE OF BIRTH 03 / 08 / 1974 ; WEIGHT 174 ; HEIGHT 6 ft, 0 in ☒

HAIR COLOR Blonde ☒ HAIR LENGTH Shaved ; EYE COLOR Hazel ☒

SEX Male ☒ ; RACE WHITE ☒

RESPONDENT'S LAST KNOWN ADDRESS: 1 mountain side way Mt. Olive, WV 25185

PLACE OF BIRTH [state or country] Columbus, OHIO

THE RESPONDENT IS:

A RESIDENT OF Fayette COUNTY, West Virginia STATE

On this date and my findings are as follows:

Date of Examination: 6/5/2025 Time: 11 : 30 ☒ a.m./ ☐ p.m.

Place of the Examination: Mount Olive Correctional Complex Mental Health Unit [Location]

Mt. Olive [City] Fayette [County], West Virginia.

1. I find there is reason to believe the Respondent [Initial the appropriate items below]

KC HAS mental illness HAS NO mental illness

 HAS substance use disorder KC HAS NO substance use disorder

2. *If the individual is being certified for substance use disorder, initial the following if it is applicable.*

I recommend that the individual be closely monitored because of the reasonable likelihood that withdrawal or detoxification will cause significant medical complications.

3. I further find that the Respondent (initial one) KC IS IS NOT likely to cause harm to himself/herself or other DUE TO HIS/HER MENTAL ILLNESS OR SUBSTANCE USE DISORDER.

4. If the selection in question 3 above is "IS," it is based on one or more of the following: *[check all appropriate items from the list of six items below and detail the specific facts under each checked item]*

☐ The individual has inflicted, or attempted to inflict, bodily harm on another: *[describe]*

☐ **Criminal Proceedings only** – The individual is currently committed to a state psychiatric hospital in accordance with W. Va. Code § 27-6A-1 *et seq.*, and the individual is a foreseeable danger to self or others outside the hospital setting: *[describe the static and current acute and chronic dynamic risk factors for harm AND how the absence of the individual's personal protective strengths result in the individual being a foreseeable danger]*

☐ The individual by threat or action, has placed other in reasonable fear of physical harm to themselves: *[describe]*

☐ The individual, by action or inaction, has presented a danger to others in his or her care: *[describe]*

☒ The individual has threatened or attempted suicide or serious bodily harm to himself or herself: *[describe]*
patient with ongoing intermittent suicidal ideation since he attempted suicide in April 2025

☐ The individual is behaving in such a manner as to indicate that her or she is unable, without supervision and the assistance of others, to satisfy his or her need for nourishment, medical care, shelter or self-protection and safety so that there is substantial likelihood that death, serious bodily injury, serious physical debilitation, serious mental debilitation or life-threatening disease will ensue unless adequate treatment is afforded: *[describe]*

5. You must complete this question if you have indicated substance use disorder in question 1.

The specific manifestations which have occurred WITHIN 30 DAYS prior to the filing of this petition/application in this action upon which my findings of substance use disorder is based are: *[Check all that apply; you MUST check at least one.]*

- ☐ Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home: *[specify]*

- ☐ Recurrent substance use in situations in which it is physically hazardous: *[specify]*

- ☐ Recurrent substance-related legal problems *[specify]*

- ☐ Continued substance use despite knowledge of having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance: *[specify]*

6. I received information relevant to this evaluation form the following sources: *[Consult as many sources as possible; check all that apply]*

- ☒ Respondent ☒ Petitioner ☒ Medical Record ☐ Physician
☐ Family Members ☒ Other: *[list]* mental health therapist

7. *You must complete this question if you have indicated "mental illness" or "substance use disorder" in question 1.*

A. The specific, CURRENT, symptoms and behaviors I HAVE OBSERVED are:

increased anxiety with panic attacks and ruminating/intrusive thoughts; depressed mood with hopelessness and intermittent suicidal ideation; difficulty regulating emotions and impulsivity; ongoing significant stress of long-term segregation housing in prison

- B. Other current symptoms & behaviors relayed/presented to me by petitioners, witnesses, documents or other sources on which my finding of mental illness and/or substance use disorder is based on the following:

patient has reported auditory hallucinations, has reported thoughts of suicide and feeling of hopelessness to his therapist since his most recent suicide attempt

- C. Any medical and/or historical symptoms or behaviors prior to the past 72 hours on which my finding of mental illness and/or substance use disorder are based:

history of psychiatric diagnoses and treatment prior to and throughout incarceration; suicide attempts x 2 - 2023 and most recent April 2025; history of non-suicidal self injury; long history of depression, anxiety, impulsivity, emotional dysregulation and maladaptive coping skills

8. Prior history of behavior health services in the following settings:

Type of Treatment	Yes	No	Compliant Yes/No/Unknown	# of Admissions	Most Recent Provider/Hospital	Date
Outpatient	<input type="checkbox"/>	<input type="checkbox"/>				
Voluntary Inpatient or Residential	<input type="checkbox"/>	<input type="checkbox"/>				
Treatment Involuntary Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Per records, 2002	

9. I have identified and considered less restrictive alternative forms of treatment and find that they

ARE or KC ARE NOT appropriate. Please provide detailed explanations as to why
or why not each less restrictive alternative forms of treatment are or are not currently appropriate and available.
patient is currently an inmate at a maximum security prison

10. List all medications currently taking, or prescribed and should be taking:

Name of Medication:	Dosage:	Duration:
1. see attached med list		
2.		
3.		
4.		
5.		

11. Is Medical Clearance Examination NECESSARY? (Check one) ☐ Yes ☒ No ☐ Unknown
If yes, has it been completed or arranged to be completed, prior to involuntary admission to a mental health
facility?

Medical Screening was completed at: _____

Medical Screening arranged to be completed at: _____

12. Are there any acute medical conditions that require immediate attention? (Check one) ☐ Yes ☒ No
List the conditions:

13. The results of my evaluation suggest the following factor(s) are present, or have been present in the past:

[Check all that apply]

Factors	General Information <i>[check if yes, list date(s) when present]</i>
Thoughts of Suicide	<input checked="" type="checkbox"/> Ideation <u>ongoing and intermittent</u> <input type="checkbox"/> Plan _____ <input type="checkbox"/> Intent _____ Other Prior History: <i>[If yes, explain/give examples]</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>suicide attempts x 2 in 2023 and April 2025</u>
Thoughts of Homicide	<input type="checkbox"/> Ideation _____ <input type="checkbox"/> Plan _____ <input type="checkbox"/> Intent _____ Other Prior History: <i>[If yes, explain/give examples]</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Head Injury/ Neurological	<input checked="" type="checkbox"/> Type(s): <u>seizures</u>
Chronic Medical Problems	<input checked="" type="checkbox"/> Type(s): <u>GERD</u>
Limitations to Support System	<input checked="" type="checkbox"/> Type(s): <u>incarcerated, life sentence, housed in segregation for the last 12+ years</u>
History of Legal Infractions	<input checked="" type="checkbox"/> Type(s); Explain: <u>currently serving a life sentence, multiple disciplinary infractions at the prison</u>
Past History of Harmful Behavior	<input checked="" type="checkbox"/> Type(s): <u>both harm to self and others</u>

14. The results of my evaluation suggest the following factors related to substance use disorder are present:

Substance	Amount	Frequency	Route/Method of Use	Date Last Used

Factor(s)	Yes	No	General Information
Public Intoxication Charges	<input type="checkbox"/>	<input type="checkbox"/>	Frequency in Past 90 Days/Dates n/a
Substance Use to the Point of Incapacitation	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Overdose April 2025
Employment Instability	<input type="checkbox"/>	<input type="checkbox"/>	Explain: n/a

15. DSM/ICD - Diagnostic Impressions (include all five axes):

-other specified trauma/stressor-related disorder

-unspecified depressive disorder

-unspecified anxiety disorder

-borderline and antisocial personality disorders

16. Clinician Rating of Treatment Needs: *[Check your impression]*

☐ 0: No observable seriously harmful behavior (SHB); No treatment needed.

☐ 1: Slight probability of SHB; Outpatient therapies needed.

☐ 2: Mild probability of SHB; Crisis residential unit (CRU) appropriate. 24-hour supervision needed. 3:

☒ Moderate probability of SHB; Immediate hospitalization in a 24-hour locked facility needed.

☐ 4: High probability of SHB; Should be monitored closely until hospitalized. Immediate hospitalization in a 24-hour locked facility needed.

Case No.: -MH(TCO/TPC)-

17. Based upon such examination and the information contained in this certificate, I therefore certify as follows:

[Initial only ONE of the following recommendations]

_____ The Respondent should be committed for further evaluation pursuant to § 27-5-3 *[probable cause hearing only]*

_____ If the Respondent is not currently committed in accordance with § 27-6A-1 *et seq.*, the Respondent should be fully committed for a period not to exceed 90 days as provided in § 27-5-4(1) *[final commitment hearing only]*

KC _____ The Respondent should be finally committed for an indeterminate period exceeding 90 days or until this order is modified by this Court pursuant to the provisions of § 27-5-4(1) *[final commitment hearing only]*

_____ If the Respondent is currently committed in accordance with § 27-6A-1 *et seq.*, the Respondent should be finally committed until the court determines that the Respondent's state and current acute and chronic dynamic risk factors for harm can be managed in a less restrictive setting and that the Respondent's personal protective strengths are sufficient to facilitate safety to self and others in such setting as provided in § 27-5-4(1)(4) *[final commitment hearing only]*

_____ The Respondent does not require hospitalization *[probable cause or final commitment hearing]*

18. *Initial the following if ALL the matters contained in the statement are applicable.*

_____ Notwithstanding the foregoing, I further believe that the respondent's circumstances make him/her amenable to treatment upon an outpatient basis in a nonhospital or nonresidential setting pursuant to a voluntary treatment agreement and that appropriate outpatient services are available and recommend that the court hear evidence on this issue.

19. _____ I have explained or attempted to explain the involuntary commitment process to the APPLICANT including the loss of liberty if committed, as well as the likely risks and benefits of commitment.

20. KC _____ I have explained or attempted to explain the involuntary commitment process to the RESPONDENT including loss of liberty if committed, as well as the likely risks and benefits of commitment.

21. Information regarding examiner completing this certificate: *[please print or type information]*

Name: Kristin Canterbury, MD

Address: *[city, state, zip]* Mt. Olive, WV, 25185

Telephone Number: 304-442-7213

Registration/License Number: WV 27116

License to Practice: ☒ Medicine ☐ Osteopathy ☐ Psychology ☐ Physician Assistant ☐ Social
☐ Work Nursing ☐ Psychiatry ☐ Counselor

Date 06-06-2025

Time 4:28 PM

Examiner's Signature

22. The person completing this certificate: *[check only one]*

- ☐ Is employed by the local Community Mental Health Center: *[insert name of Center]*
- ☐ Has contracted to provide examinations for involuntary commitment proceeding with the local Community Mental Health Center: *[insert name of Center]*
- ☒ Is neither employed by nor contracts for services with the local Community Mental Health Center.

If this item is checked, you **MUST** have the Community Mental Health Center complete the following:

- The examination reflected by this certificate was as required by law provided or arranged by the Community Mental Health Center or, if the examiner is neither employed or contracted by the Community Mental Health Center, the examination is APPROVED and the Community Behavioral Health Center hereby waives its duty to provide or arrange for this examination.

Date 06-06-2025

Time 4:28 PM

Signature of Center Representative

Title



Keith William Lowe

#3380501

Glasses, MH - Individual Therapy / Supportive Counseling, MH - History of Placement on a Watch,
 MAT - Suboxone, MH - Mental Health Unit

Sex: M
 DOB: 03/08/1974 (Age 51)
 Height: 6'11" Dn
 Weight: 170 lbs
 BMI: 23.8
 SSN: 290-70-3242
 Agency: state
 Location: MOCC-MTHT-001-
 448-002-MD
 CID: 3380501
 Allergies:
 NKMA

Medication/Infirmity/MHU/BHU (5)
 Medications

Medication

Medication	Start Date	End Date	Clinician	Status	Diet
ABILIFY5MG 1 TAB By Mouth QPM NDC: 5814800713 RXNorm: 404602 Refills Remaining: 5	06/03/2025	11/28/2025	Kristin Canterbury, MD	✓ Approved 05/29/2025 1544 Blister Pack	Sched
Buprenorphine/Naloxone 8mg/2mg DISSOLVE 2 TABS UNDER THE TONGUE ONCE DAILY RX: 17625057 NDC: 42858-0802-03 Refills Remaining: 4	04/21/2025	07/19/2025	MD Sherri Johnson	✓ Approved 04/28/2025 0924 Blister Pack	Sched
BUPROPION100MG 1 TAB By Mouth QPM ; Crush RX: 17680656 NDC: 00781106401 RXNorm: 993687 Refills Remaining: 5	04/29/2025	10/24/2025	MD Timothy Thistlethwaite, MD	Open Pending Blister Pack	Sched
BUPROPION100MG 1 TAB By Mouth HS 2100 ; Crush RX: 17680692 NDC: 00781106401 RXNorm: 993687 Refills Remaining: 5	04/29/2025	10/24/2025	MD Timothy Thistlethwaite, MD	Open Pending Blister Pack	Sched
BUPROPION100MG TAKE 2 TABLET(S) BY MOUTH AT NOON ; CRUSH RX: 17680693 NDC: 00781106401 RXNorm: 993687 Refills Remaining: 5	04/29/2025	10/24/2025	MD Timothy Thistlethwaite, MD	Open Pending Blister Pack	Sched
BUSPIRONE15MG 1 tab po qpm & qhs NDC: 16729020301 Refills Remaining: 2	06/05/2025	09/02/2025	Kristin Canterbury, MD	✓ Approved 05/29/2025 1543 Blister Pack	Sched
DOCUSATE 800100MG 1 CAP By Mouth QPM NDC: 57899040110 RXNorm: 1116006 Refills Remaining: 4	03/28/2025	09/23/2025	MD Sherri Johnson	✓ Approved 04/01/2025 1732 Blister Pack	Sched
GABAPENTIN400MG TAKE 3 CAPSULE(S) BY MOUTH TWICE A DAY AT NOON AND IN THE EVENING "OPEN AND FLOAT" RX: 17762843 NDC: 16714060602 RXNorm: 993687 Refills Remaining: 4	05/11/2025	11/05/2025	Kristin Canterbury, MD	Starter Stock	Sched
GABAPENTIN 400mg CAP400MG TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME "OPEN AND FLOAT" (2100) RX: 17762844 NDC: 16714060602 Refills Remaining: 4	05/11/2025	11/05/2025	Kristin Canterbury, MD	Starter Stock	Sched
IBUPROFEN200MG 2 TAB By Mouth BID 0600 1616 NDC: 904791680 RXNorm: 310866 Refills Remaining: 8	03/28/2025	09/23/2025	MD Sherri Johnson	✓ Approved 04/01/2025 1732 Blister Pack	Sched
LEVETIRACETAM500MG TAKE 1 TABLET(S) BY MOUTH TWICE A DAY RX: 15985420 NDC: 16714035602 Refills Remaining: 8	08/13/2024	08/08/2025	Sandra May, PA-C	✓ Approved 09/08/2024 0739 Blister Pack	Sched
OMEPRAZOLE20MG DR 1 CAP By Mouth HS 2100	04/21/2025	10/17/2025	MD Sherri Johnson	✓ Approved 04/28/2025	Sched

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RA 17825055 NDC 60501006500 Refills Remaining: 8				15174 Blister Pack	
RISPERIDONE 1MG 1 TAB By Mouth BID 0500 1810 NDC 27241000150 Refills Remaining: 8	04/08/2025	12/02/2025	Kristin Canterbury, MD	✓ Pending Blister Pack	School
RISPERIDONE 1MG 1 TAB By Mouth BID 0500 1810 NDC 27241000150 Refills Remaining: 8	12/13/2024		Kristin Canterbury, MD	✓ Approved 12/30/2024 1810 Blister Pack	School
RISPERIDONE 1MG 1 TAB By Mouth BID NDC 27241000350 Refills Remaining: 8	04/08/2025	10/04/2025	MD Timothy Thistlethwaite, MD	✓ Approved 04/01/2025 1241 Blister Pack	School
TRIMETHOPRIM 5MG 1 TAB po BID (meal, noon & he) NDC 603624132 Refills Remaining: 8	06/08/2025	12/01/2025	Kristin Canterbury, MD	✓ Approved 05/29/2025 1547 Blister Pack	School

02- MH - Psychiatric Treatment Plan

OID:

3380501

Location:
Interviewer:

MOCC-MTHT-001-448-002-MD
Canterbury, MD, Kristin

Keith William Lowe
#3380501

Current Diagnosis





1.	<p>Current Diagnosis: ***Displays ONLY previous diagnosis.***</p>	<p>Gastroesophageal reflux disease Seizures L70 Acne MH - F32.0 - Unspecified Depressive Disorder MH - F41.9 - Unspecified Anxiety Disorder MH - F12.20 - Cannabis Use Disorder, Moderate/Severe MH - F60.2 - Antisocial Personality Disorder Dental-Cleaning Dental-x-ray Dental-Filling surfaces INFIRMARY/MHU/BHU Segregation Dental-x-ray Dental-Cleaning Dental-Filling surface Collegial Review INFIRMARY/MHU/BHU X78 Intentional self-harm by sharp object NP-Non-specific Discomfort INFIRMARY/MHU/BHU F11.20 Opioid Use Disorder - Moderate to Severe INFIRMARY/MHU/BHU INFIRMARY/MHU/BHU</p>
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New Diagnosis

If DIAGNOSIS is not listed, please be sure to enter a DIAGNOSIS using the patient's PROBLEM tab.

2.	<p>Bi-Polar Disorders</p>	<p>(Select One)</p>	<p>✓</p>
3.	<p>Depressive Disorders</p>	<p>MH - F32.9 - Unspecified Depressive Disorder</p>	<p>✓</p>
4.	<p>Anxiety Disorders</p>	<p>MH - F41.9 - Unspecified Anxiety Disorder</p>	<p>✓</p>
5.	<p>Trauma and Stress Related Disorders</p>	<p>MH - F43.8 - Other Specified Trauma- and Stressor- Related Disorder</p>	<p>✓</p>
6.	<p>Disruptive, Impulse Control, and Conduct Disorders</p>	<p>(Select One)</p>	<p>✓</p>
7.	<p>Alcohol Use Disorders</p>	<p> <input type="checkbox"/> MH - F10.10 - Alcohol Use Disorder, Mild <input type="checkbox"/> MH - F10.20 - Alcohol Use Disorder, Moderate/Severe <input type="checkbox"/> MH - F10.14 - Alcohol-Induced Depressive/Bipolar Disorder, With use disorder, mild <input type="checkbox"/> MH - F10.24 - Alcohol-Induced Depressive/Bipolar Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F10.294 - Alcohol-Induced Depressive/Bipolar Disorder, Without use disorder <input type="checkbox"/> MH - F10.159 - Alcohol-Induced Psychotic Disorder, With use disorder, mild <input type="checkbox"/> MH - F10.259 - Alcohol-Induced Psychotic Disorder, With use disorder, moderate/severe </p>	

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		<input type="checkbox"/> MH - F10.959 - Alcohol-Induced Psychotic Disorder, Without use disorder <input type="checkbox"/> MH - F10.180 - Alcohol-Induced Anxiety Disorder, With use disorder, mild <input type="checkbox"/> MH - F10.280 - Alcohol-Induced Anxiety Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F10.880 - Alcohol-Induced Anxiety Disorder, Without use disorder <input type="checkbox"/> MH - F10.99 - Unspecified Alcohol-Related Disorder
6.		<input type="checkbox"/> MH - F12.10 - Cannabis Use Disorder, Mild <input type="checkbox"/> MH - F12.20 - Cannabis Use Disorder, Moderate/Severe <input type="checkbox"/> MH - F12.158 - Cannabis-Induced Psychotic Disorder, With use disorder, mild <input type="checkbox"/> MH - F12.258 - Cannabis-Induced Psychotic Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F12.859 - Cannabis-Induced Psychotic Disorder, Without use disorder <input type="checkbox"/> MH - F12.180 - Cannabis-Induced Anxiety Disorder, With use disorder, mild <input type="checkbox"/> MH - F12.280 - Cannabis-Induced Anxiety Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F12.980 - Cannabis-Induced Anxiety Disorder, Without use disorder <input type="checkbox"/> MH - F12.99 - Unspecified Cannabis-Related Disorder
9.		<input type="checkbox"/> MH - F13.10 - Sedative, Hypnotic, or Anxiolytic Use Disorder, mild <input type="checkbox"/> MH - F13.20 - Sedative, Hypnotic, or Anxiolytic use Disorder, moderate/severe <input type="checkbox"/> MH - F13.14 - Sedative, Hypnotic, or Anxiolytic-Induced Depressive/Bipolar Disorder, With use disorder, mild <input type="checkbox"/> MH - F13.24 - Sedative, Hypnotic, or Anxiolytic-Induced Depressive/Bipolar Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F13.94 - Sedative, Hypnotic, or Anxiolytic-Induced Depressive/Bipolar Disorder, Without use disorder <input type="checkbox"/> MH - F13.158 - Sedative, Hypnotic, or Anxiolytic-Induced Psychotic Disorder, With use disorder, mild <input type="checkbox"/> MH - F13.258 - Sedative, Hypnotic, or Anxiolytic-Induced Psychotic Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F13.859 - Sedative, Hypnotic, or Anxiolytic-Induced Psychotic Disorder, Without use disorder <input type="checkbox"/> MH - F13.180 - Sedative, Hypnotic, or Anxiolytic-Induced Anxiety Disorder, With use disorder, mild <input type="checkbox"/> MH - F13.280 - Sedative, Hypnotic, or Anxiolytic-Induced Anxiety Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F13.980 - Sedative, Hypnotic, or Anxiolytic-Induced Anxiety Disorder, Without use disorder <input type="checkbox"/> MH - F13.99 - Unspecified Sedative, Hypnotic, or Anxiolytic-Related Disorder
10.		<input type="checkbox"/> MH - F11.10 - Opioid Use Disorder, Mild <input type="checkbox"/> MH - F11.20 - Opioid Use Disorder, Moderate/Severe <input type="checkbox"/> MH - F11.14 - Opioid-Induced Depressive Disorder, With use disorder, mild <input type="checkbox"/> MH - F11.24 - Opioid-Induced Depressive Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F11.94 - Opioid-Induced Depressive Disorder, Without use disorder <input type="checkbox"/> MH - F11.158 - Opioid-Induced Anxiety Disorder, With use disorder, mild <input type="checkbox"/> MH - F11.258 - Opioid-Induced Anxiety Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F11.858 - Opioid-Induced Anxiety Disorder, Without use disorder <input type="checkbox"/> MH - F11.99 - Unspecified Opioid-Related Disorder
11.		<input type="checkbox"/> MH - F15.10 - Amphetamine-Type Substance Use Disorder, Mild <input type="checkbox"/> MH - F15.20 - Amphetamine-Type Substance Use Disorder, Moderate/Severe <input type="checkbox"/> MH - F15.14 - Amphetamine (or other stimulant)-Induced Depressive Disorder, With use disorder, mild <input type="checkbox"/> MH - F15.24 - Amphetamine (or other stimulant)-Induced Depressive/Bipolar Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F15.94 - Amphetamine (or other stimulant)-Induced Depressive/Bipolar Disorder, Without use disorder <input type="checkbox"/> MH - F15.158 - Amphetamine (or other stimulant)-Induced Psychotic Disorder, With use disorder, mild

		<input type="checkbox"/> MH - F15.259 - Amphetamine (or other stimulant)-Induced Psychotic Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F15.959 - Amphetamine (or other stimulant)-Induced Psychotic Disorder, Without use disorder <input type="checkbox"/> MH - F15.180 - Amphetamine (or other stimulant)-Induced Anxiety Disorder, With use disorder, mild <input type="checkbox"/> MH - F15.280 - Amphetamine (or other stimulant)-Induced Anxiety Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F15.980 - Amphetamine (or other stimulant)-Induced Anxiety Disorder, Without use disorder <input type="checkbox"/> MH - F15.99 - Unspecified Amphetamine (or other stimulant)-Related Disorder <input type="checkbox"/> MH - F14.10 - Cocaine Use Disorder, Mild <input type="checkbox"/> MH - F14.20 - Cocaine Use Disorder, Moderate/Severe <input type="checkbox"/> MH - F14.14 - Cocaine-Induced Depressive/Bipolar Disorder, With use disorder, mild <input type="checkbox"/> MH - F14.24 - Cocaine-Induced Depressive/Bipolar Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F14.94 - Cocaine-Induced Depressive/Bipolar Disorder, Without use disorder <input type="checkbox"/> MH - F14.159 - Cocaine-Induced Psychotic Disorder, With use disorder, mild <input type="checkbox"/> MH - F14.259 - Cocaine-Induced Psychotic Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F14.959 - Cocaine-Induced Psychotic Disorder, Without use disorder <input type="checkbox"/> MH - F14.180 - Cocaine-Induced Anxiety Disorder, With use disorder, mild <input type="checkbox"/> MH - F14.280 - Cocaine-Induced Anxiety Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F14.980 - Cocaine-Induced Anxiety Disorder, Without use disorder <input type="checkbox"/> MH - F14.99 - Unspecified Cocaine-Related Disorder
12. 68	Hallucinogen Related Disorders	<input type="checkbox"/> MH - F16.10 - Phencyclidine or Other Hallucinogen Use Disorder, Mild <input type="checkbox"/> MH - F16.20 - Phencyclidine or Other Hallucinogen Use Disorder, Moderate/Severe <input type="checkbox"/> MH - F16.14 - Phencyclidine or Other Hallucinogen-Induced Depressive/Bipolar Disorder, With use disorder, mild <input type="checkbox"/> MH - F16.24 - Phencyclidine or Other Hallucinogen-Induced Depressive/Bipolar Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F16.94 - Phencyclidine or Other Hallucinogen-Induced Depressive/Bipolar Disorder, Without use disorder <input type="checkbox"/> MH - F16.159 - Phencyclidine or Other Hallucinogen-Induced Psychotic Disorder, With use disorder, mild <input type="checkbox"/> MH - F16.259 - Phencyclidine or Other Hallucinogen-Induced Psychotic Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F16.959 - Phencyclidine or Other Hallucinogen-Induced Psychotic Disorder, Without use disorder <input type="checkbox"/> MH - F16.180 - Phencyclidine or Other Hallucinogen-Induced Anxiety Disorder, With use disorder, mild <input type="checkbox"/> MH - F16.280 - Phencyclidine or Other Hallucinogen-Induced Anxiety Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F16.980 - Phencyclidine or Other Hallucinogen-Induced Anxiety Disorder, Without use disorder <input type="checkbox"/> MH - F16.983 - Hallucinogen Persisting Perception Disorder <input type="checkbox"/> MH - F16.99 - Unspecified Phencyclidine or Other Hallucinogen-Related Disorder
13. 69	Inhalant Related Disorders	<input type="checkbox"/> MH - F18.10 - Inhalant Use Disorder, Mild <input type="checkbox"/> MH - F18.20 - Inhalant Use Disorder, Moderate/Severe <input type="checkbox"/> MH - F18.14 - Inhalant-Induced Depressive Disorder, With use disorder, mild <input type="checkbox"/> MH - F18.24 - Inhalant-Induced Depressive Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F18.94 - Inhalant-Induced Depressive Disorder, Without use disorder <input type="checkbox"/> MH - F18.159 - Inhalant-Induced Psychotic Disorder, With use disorder, mild <input type="checkbox"/> MH - F18.259 - Inhalant-Induced Psychotic Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F18.959 - Inhalant-Induced Psychotic Disorder, Without use disorder <input type="checkbox"/> MH - F18.180 - Inhalant-Induced Anxiety Disorder, With use disorder, mild <input type="checkbox"/> MH - F18.280 - Inhalant-Induced Anxiety Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F18.980 - Inhalant-Induced Anxiety Disorder, Without use disorder

14.	Other (or Unknown) Substance-Related Disorders	<input type="checkbox"/> MH - F18.99 - Unspecified Inhalant-Related Disorder <input type="checkbox"/> MH - F18.10 - Other (or Unknown) Substance Use Disorder, Mild <input type="checkbox"/> MH - F18.20 - Other (or Unknown) Substance Use Disorder, Moderate/Severe <input type="checkbox"/> MH - F18.14 - Other (or Unknown) Substance-Induced Depressive/Bipolar Disorder, With use disorder, mild <input type="checkbox"/> MH - F18.24 - Other (or Unknown) Substance-Induced Depressive/Bipolar Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F18.94 - Other (or Unknown) Substance-Induced Depressive/Bipolar Disorder, Without use disorder <input type="checkbox"/> MH - F18.159 - Other (or Unknown) Substance-Induced Psychotic Disorder, With use disorder, mild <input type="checkbox"/> MH - F18.259 - Other (or Unknown) Substance-Induced Psychotic Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F18.959 - Other (or Unknown) Substance-Induced Psychotic Disorder, Without use disorder <input type="checkbox"/> MH - F18.180 - Other (or Unknown) Substance-Induced Anxiety Disorder, With use disorder, mild <input type="checkbox"/> MH - F18.280 - Other (or Unknown) Substance-Induced Anxiety Disorder, With use disorder, moderate/severe <input type="checkbox"/> MH - F18.980 - Other (or Unknown) Substance-Induced Anxiety Disorder, Without use disorder <input type="checkbox"/> MH - F18.99 - Unspecified Other (or Unknown) Substance-Related Disorder
15.	Personality Disorders	MH - F60.3 - Borderline Personality Disorder
16.	Schizophrenia Spectrum and Other Psychotic Disorders	(Select One)
17.	Neurodevelopmental Disorders	(Select One)
18.	Neurocognitive Disorders	(Select One)
19.	Other Clinical Conditions	<input type="checkbox"/> MH - Z91.5 - Personal History of Self-Harm <input type="checkbox"/> MH - Z76.5 - Malingering <input type="checkbox"/> MH - R41.83 - Borderline Intellectual Functioning <input type="checkbox"/> MH - Z72.811 - Adult Antisocial Behavior <input type="checkbox"/> MH - Z91.19 - Nonadherence to Medical Treatment <input type="checkbox"/> MH - G25.79 - Other Medication-Induced Movement Disorder
20.	Other Medical Disorders	(Select One)
21.	Adjustment Disorders	(Select One)

Medications


22.	<p>Current Medications: ***Displays ONLY current medications.***</p>	<p>Medication: RISPERIDONE 1MG TAB BID 0500 1815; Directions: 1 TAB By Mouth BID 0500 1815; Dosing Begin Date: 06-08-2025 Dosing End Date: 12-02-2025 Refills Left: 5; Prescriber: Canterbury, MD, Kristin; Medication: TRIHEXYPHENIDYL 5MG TAB; Directions: 2 tabs po TID (am, noon & hs); Dosing Begin Date: 06-06-2025 Dosing End Date: 01-2025 Refills Left: 5; Prescriber: Canterbury, MD, Kristin; Medication: BUSPIRONE 15MG TAB; Directions: 1 tab po qpm & qhs; Dosing Begin Date: 06-05-2025 Dosing End Date: 09-02-2025 Left: 2; Prescriber: Canterbury, MD, Kristin; Medication: ABILIFY 5MG TAB QPM; Directions: 1 TAB By Mouth QPM; Dosing Begin Date: 06-03-2025 Dosing End Date: 11-28-202 Left: 5; Prescriber: Canterbury, MD, Kristin; Medication: GABAPENTIN 400MG CAP; Directions: TAKE 3 CAPSULE(S) BY MOUTH TWICE A DAY AT NOON AND IN THE EVENING *OPEN AND FLOAT*; Dosing Begin Date: 05-11-2025 Dosing End Date: 11-05-2025 Refills Left: 5; Prescriber: Canterbury, MD, Kristin; Medication: GABAPENTIN 400mg CAP 400MG CAP HS 2100; Directions: TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME *OPEN AND FLOAT* (2100); Dosing Begin Date: 05-11-2025 Dosing End Date: 11-05-2025 Refills Left: 5; Prescriber: Canterbury, MD, Kristin; Medication: BUPROPION 100MG TAB QPM; Directions: 1 TAB By Mouth QPM; Crush; Dosing Begin Date: 04-29-2025 Dosing End Date: 10-24-2025 Refills Left: 6; Prescriber: MD Thistlethwaite, Timothy; Medication: BUPROPION 100MG TAB HS 2100; Directions: 1 TAB By Mouth HS 2100; Crush; Dosing Begin Date: 04-29-2025 Dosing End Date: 10-24-2025 Refills Left: 6; Prescriber: MD Thistlethwaite, Timothy; Medication: BUPROPION 100MG TAB; Directions: TAKE 2 TABLET(S) BY MOUTH AT NOON; CRUSH; Dosing Begin Date: 04-29-2025 Dosing End Date: 10-24-2025 Refills Left: 6; Prescriber: MD Thistlethwaite, Timothy; Medication: Buprenorphine/Naloxone 8mg/2mg SUB TAB; Directions: DISOLVE 2 TABS UNDER THE TONGUE ONCE DAILY; Dosing Begin Date: 04-21-2025 Dosing End Date: 07-19-2025 Refills Left: 4; Prescriber: MD Johnson, Sherril; Medication: OMEPRAZOLE 20MG DR CAP HS 2100; Directions: 1 CAP By Mouth HS 2100; Dosing Begin Date: 04-21-2025 Dosing End Date: 10-17-2025 Refills Left: 6; Prescriber: MD Johnson, Sherril; Medication: RISPERIDONE 0.5MG TAB BID; Directions: 1 TAB By Mouth BID; Dosing Begin Date: 04-08-2025 Dosing End Date: 10-17-2025 Refills Left: 5; Prescriber: MD Thistlethwaite, Timothy; Medication: DUCOSATE SOD 100MG CAP QPM; Directions: 1 CAP By Mouth QPM; Dosing Begin Date: 03-28-2025 Dosing End Date: 09-28-2025 Refills Left: 4; Prescriber: MD Johnson, Sherril; Medication: IBUPROFEN 200MG TAB BID 0500 1815; Directions: 2 TAB By Mouth BID 0500 1815; Dosing Begin Date: 03-28-2025 Dosing End Date: 09-28-2025 Refills Left: 6; Prescriber: MD Johnson, Sherril; Medication: RISPERIDONE 1MG TAB BID 0500 1815; Directions: 1 TAB By Mouth BID 0500 1815; Dosing Begin Date: 12-19-2024 Dosing End Date: 06-08-2025 Refills Left: 5; Prescriber: Canterbury, MD, Kristin; Medication: TRIHEXYPHENIDYL 5MG TAB; Directions: TAKE 2 TABLET(S) BY MOUTH THREE TIMES A DAY (AM, NOON, BEDTIME GOOD LIFETIME); Dosing Begin Date: 12-08-2024 Dosing End Date: 06-06-2025 Refills Left: 5; Prescriber: Canterbury, MD, Kristin; Medication: LEVETIRACETAM 500MG TAB BID 0500 1815; Directions: TAKE 1 TABLET(S) BY MOUTH TWICE A DAY; Dosing Begin Date: 13-2024 Dosing End Date: 06-08-2025 Refills Left: 8; Prescriber: May, PA-C, Sandra;</p>
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Treatment Plan

23.	<p>New Psychiatric Medications Ordered</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
24.	<p>Was a medication discontinued or changed. If yes please identify clinical reasons for the change. Medication discussion with patient and reasons for changing should also be documented in the Problems/Symptoms/Plan section of the note</p>	<p><input checked="" type="checkbox"/> No medications were changed at this time</p> <p><input type="checkbox"/> Patient continues to report symptoms or no change in symptoms with current medications</p> <p><input type="checkbox"/> Patient reports side effects related to medication</p> <p><input type="checkbox"/> The medication may interact with other prescribed medications leading to potentially harmful side-effects</p> <p><input type="checkbox"/> Medication has significant side effect profile, alternative medication is anticipated to be effective for patient's current diagnosis</p> <p><input type="checkbox"/> Patient has medical condition that makes the current medication inappropriate or unsafe</p> <p><input type="checkbox"/> New medication is anticipated to be more effective for patient's current diagnosis and symptoms</p> <p><input type="checkbox"/> Patient is on multiple medications in same class and changes were made to reduce polypharmacy</p> <p><input type="checkbox"/> Current medication poses a high risk for withdrawal symptoms or dependency, a monitored taper or alternative is appropriate</p> <p><input type="checkbox"/> Patient has a history of medication misuse, diversion, or noncompliance, a safer alternative is appropriate</p> <p><input type="checkbox"/> Patient has had a recent change in medical or mental health status requiring medication adjustment</p> <p><input type="checkbox"/> Patient requests medication be discontinued or changed, provider in agreement with this request</p> <p><input type="checkbox"/> The current medication has a high risk of misuse, diversion, overdose, or abuse in a correctional setting</p> <p><input type="checkbox"/> Current medication is not indicated for patient's current diagnosis and an alternative is considered more appropriate and safe</p>

		<input type="checkbox"/> Current medication is subtherapeutic for patient's current diagnosis <input type="checkbox"/> Current medication is being increased due to subtherapeutic dose and/or to increase therapeutic response <input type="checkbox"/> Current medication is being increased due to subtherapeutic dose and/or to increase therapeutic response
25.	Problems/Symptoms/Plan:	<p>Pl seen for intake after admission to MHU and to be evaluated for treatment recommendations and appropriate placement to meet treatment needs.</p> <p>Chart reviewed.</p> <p>He is adherent to medications and denies adverse effects. Started buspar and dose increased today as planned, denies any worsening and reports maybe small improvement in anxiety, states being on MHU it helped this. Still some intermittent episodes of panic-like symptoms. Describes overthinking and mind racing at times. Some days mood positive while other days he wakes up feeling dysphoric and irritable. Denies any current suicidal intent or any self-harming behavior, suicide attempts x 2, most recent April 2025; also has hx of non-suicidal self-injury. No aggression since on MHU. He denies HI, mania psychosis. Pt does report a hx of hearing voices associated with increased stress; hx does not appear consistent with primary psychosis. Denies any recent substance use. Pt reports a hx of significant childhood trauma.</p> <p>Treatment Recommendations</p> <ul style="list-style-type: none"> - Options discussed, pt not interested in any further medication adjustments at this time, buspar dose just increased to 15mg BID today. Continue current medications unchanged. - Psychoeducation provided about pt's diagnoses, role of medications and realistic expectations for this treatment. - Given pt's hx of significant childhood trauma and chronic stress of long-term segregation, pt would benefit from increased therapy services to improve distress tolerance and emotion regulation; would also recommend a plan to work toward general population housing as approximate long-term segregation is contributing to more recent deterioration. - Due to the history and deterioration while in MOCC segregation, Mr. Lowe would benefit from evaluation for additional treatment needs and transition plans by outside practitioner. It is recommended that Mr. Lowe be transferred to a treatment unit in a hospital setting outside of the West Virginia Division of Corrections for the independent evaluation and treatment recommendations.
26.	Mental Status Exam	A&O x3, NAD; cooperative, good eye contact, speech nr and normal volume, mood is anxious and affect congruent, normal psychomotor activity, TP - linear and logical; TC - no SI or HI, no AVH or delusions
27.	Assess if patient is experiencing suicidal ideation, intent, plan, or engaging in self-violent behavior. Alert or to staff if patient presents with elevated suicide risk.	<input checked="" type="radio"/> Patient does not endorse suicidal ideation, intent, plan, or behavior. <input type="radio"/> Patient endorses suicidal ideation or behavior <input type="radio"/> Other (describe)
28.	Treatment Goal(s)	<input checked="" type="checkbox"/> Patient will report improvement in affective symptoms <input checked="" type="checkbox"/> Patient will report improvement in impulse control/anger <input type="checkbox"/> Patient will report improvement in psychotic symptoms <input type="checkbox"/> Other (describe)
Objectives: Patient will attend all follow-up psychiatric appointments Patient will remain 95% compliant with medication Patient will report a decrease in mental health symptoms Patient will maintain 100% sobriety Patient will ask for help when in a crisis Patient will report changes in mental health symptoms		
29.	If needed additional objectives (Please list out)	
30.	Verbally Reviewed Risks/Benefits/SEs/AR's with inmate	yes
31.	Education/counseling on:	adherence, SEs, coping skil
32.	Outside records are available and reviewed	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> n/a

33. 8	RTC (if the patient needs seen for MOUD and Psychiatry medications please mark the f/up option for both):	<ul style="list-style-type: none"><input type="checkbox"/> 30 days<input type="checkbox"/> BHU Treatment team 30 day follow-up<input checked="" type="checkbox"/> MHU Treatment team 30 day follow-up<input type="checkbox"/> Dementia Treatment team 30 follow-up day<input type="checkbox"/> MOUD Follow-up (30 days)<input type="checkbox"/> 60 days<input type="checkbox"/> 90 days<input type="checkbox"/> PRN<input type="checkbox"/> Other (less than 30 or between 30-45 days, specify in notes)
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Kristin Canterbury, MD
Psychiatrist
PSIMED Corrections, LLC